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PTO/SB/17 (04-07) Approved for use through 04/30/2007. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE vork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Thees purelignt to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/828,997 TRANSMIT Filing Date April 20, 2004 For FY 2007 First Named Inventor David W. Caldwell **Examiner Name** Carl J. Arbes Applicant claims small entity status. See 37 CFR 1,27 Art Unit 3729 TOTAL AMOUNT OF PAYMENT (\$) 1.070.00 Attorney Docket No. 37041-11481 METHOD OF PAYMENT (check all that apply) Check Credit Card Money-Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 10-046 Deposit Account Name: Jenner & Block LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES **EXAMINATION FEES Small Entity** Small Entity Small Entity **Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 200 Design 100 100 130 50 65 Plant 200 100 300 160 150 80 Reissue 300 150 500 600 250 300 **Provisional** 2001 100 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissues) Multiple dependent claims 360 180 1

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Total Claim	<u>\$</u> 20	Extra Claims	Fee (\$)	Fee Paid (\$)
39	5 38 - 20 or HP =	<u>. 1 x</u>	\$50=	\$50
HP = highest	number of total	I claims paid for, if gre	eater than 20.	
ndep. Clain	<u>15</u>	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 or HP =	0 x	0 =	0

Fee Paid (\$)	<u>Multiple Dep</u>	endent Claims
\$50	Fee (\$)	Fee Paid (\$)
Fee Paid (\$)		-

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 3-month extension of time

Fees Paid (\$) \$1,020

SUBMITTED BY Registration No. 43,973 Signature Telephone (312) 222-9350 (Attorney/Agent) Mark P. Vrla Date April 30, 2007 Name (Print/Type)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.